
AMENDED FILING EXPLANATION

The following pages are being amended to correct an error in administrative expense classification.

Page 6, Analysis of Operations by Lines of Business

Page 23, Five-Year Historical Data (continued)

Page 37, Schedule H, Accident and Health Exhibit, Part 1



ANNUAL STATEMENT

For the Year Ended December 31, 2014
of the Condition and Affairs of the

Consumers Life Insurance Company

NAIC Group Code.....730, 730
(Current Period) (Prior Period)

NAIC Company Code..... 62375

Employer's ID Number..... 21-0706531

Organized under the Laws of Ohio

State of Domicile or Port of Entry Ohio

Country of Domicile US

Incorporated/Organized..... October 3, 1955

Commenced Business..... October 3, 1955

Statutory Home Office

2060 East Ninth Street..... Cleveland OH US 44115-1355
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office

2060 East Ninth Street..... Cleveland OH US..... 44115-1355
(Street and Number) (City or Town, State, Country and Zip Code)

216-687-7000
(Area Code) (Telephone Number)

Mail Address

2060 East Ninth Street..... Cleveland OH US 44115-1355
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records

2060 East Ninth Street..... Cleveland OH US 44115-1355
(Street and Number) (City or Town, State, Country and Zip Code)

216-687-7000
(Area Code) (Telephone Number)

Internet Web Site Address

www.ConsumersLife.com

Statutory Statement Contact

Sharon Matonis
(Name)

216-687-6049
(Area Code) (Telephone Number) (Extension)

Sharon.Matonis@medmutual.com
(E-Mail Address)

216-360-4073
(Fax Number)

OFFICERS

Name	Title	Name	Title
1. Richard Alan Chiricosta	President & CEO	2. Steffany Matticola Larkins	Secretary
3. Raymond Karl Mueller	Treasurer	4.	

OTHER

DIRECTORS OR TRUSTEES

James Charles Cellura	Jared Paul Chaney	Richard Alan Chiricosta	Steffany Matticola Larkins
Raymond Karl Mueller			

State of..... Ohio
County of..... Cuyahoga

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
Richard Alan Chiricosta	Steffany Matticola Larkins	Raymond Karl Mueller
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President & CEO	Secretary	Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me

This _____ day of _____ 2015

a. Is this an original filing?

Yes [] No [X]

b. If no

1. State the amendment number

2. Date filed

3. Number of pages attached

1

06/15/15

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SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

		Total		Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Other Individual Contracts									
										Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
		1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS																			
1.	Premiums written.....	5,667,225	XXX	4,965,063	XXX		XXX		XXX		XXX	702,162	XXX		XXX		XXX		XXX
2.	Premiums earned.....	5,667,225	XXX	4,965,063	XXX		XXX		XXX		XXX	702,162	XXX		XXX		XXX		XXX
3.	Incurred claims.....	5,485,665	96.8	5,070,014	102.1	0	0.0	0	0.0	0	0.0	415,651	59.2	0	0.0	0	0.0	0	0.0
4.	Cost containment expenses.....	409,052	7.2	387,828	7.8		0.0		0.0		0.0	21,224	3.0		0.0		0.0		0.0
5.	Incurred claims and cost containment expenses (Lines 3 and 4).....	5,894,717	104.0	5,457,842	109.9	0	0.0	0	0.0	0	0.0	436,875	62.2	0	0.0	0	0.0	0	0.0
6.	Increase in contract reserves.....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
7.	Commissions (a).....	258,701	4.6	213,260	4.3		0.0		0.0		0.0	45,441	6.5		0.0		0.0		0.0
8.	Other general insurance expenses.....	99,015	1.7	(17,950)	(0.4)		0.0		0.0		0.0	116,965	16.7		0.0		0.0		0.0
9.	Taxes, licenses and fees.....	228,478	4.0	216,491	4.4		0.0		0.0		0.0	11,987	1.7		0.0		0.0		0.0
10.	Total other expenses incurred.....	586,194	10.3	411,801	8.3	0	0.0	0	0.0	0	0.0	174,393	24.8	0	0.0	0	0.0	0	0.0
11.	Aggregate write-ins for deductions.....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
12.	Gain from underwriting before dividends or refunds.....	(813,686)	(14.4)	(904,580)	(18.2)	0	0.0	0	0.0	0	0.0	90,894	12.9	0	0.0	0	0.0	0	0.0
13.	Dividends or refunds.....	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
14.	Gain from underwriting after dividends or refunds.....	(813,686)	(14.4)	(904,580)	(18.2)	0	0.0	0	0.0	0	0.0	90,894	12.9	0	0.0	0	0.0	0	0.0
DETAILS OF WRITE-INS																			
1101.	.....	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
1102.	.....	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
1103.	.....	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
1198.	Summary of remaining write-ins for Line 11 from overflow page.....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199.	Total (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

(a) Includes \$.....0 reported as 'Contract, membership and other fees retained by agents.'